Attorney Docket No. 1254-0328PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Insert Title: THERAPEUTIC OR PROPHYLACTIC AGENT FOR ARTHRITIS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on as United States Application Number Information and amended on (if applicable) and/or For Use Without the specification was filed on 03/31/2005 as PCT International Application Number PCT/IP2005/006831 ; Specification Attached: and was amended on a dearly state that have reviewed and understand the contents of the above-identified specification, including the labory state that have reviewed and understand the contents of the above-identified specification, including the labory state that the review of the state of Prior Foreign Application(s) Priority Claimed Insert Priority 2004-107924 X Information (Number) (Country) (Month/Day/Year Filed) (if appropriate) (Number) (Month/Day/Year Filed) (Country) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below. Insert Provisions Application(s): (If any) (Application Number) (Filing Date) (Application Number) (Filing Date) All Foreign Applications, if any, for any Fatent or inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s),

I hendry claim the broofst under Tille 55, United States Code, \$120 of my United States and/or PCT application(s), including for continuation-beyond regulation(s) likeside and the subject matter of each of the claims of this application is not disclosed in the prior United States and, states as the subject matter of each of the claims of this application is not disclosed in the prior United States and, states and the subject matter of each of the prior Disclosed in the prior United States and the subject to the subject to the prior Disclosed in the prior Disclosed in the prior Disclosed in the prior Disclosed in the prior Disclosed information and Disclosed information and the restination and the restination and the restination and the restination and the Till the prior Disclosed Billing state of the spiritual contains and the restination of the Till terms and Billing state of the spiritual state of the prior application and the restination of the Till terms and Billing state of the spiritual states and the spiritual states are subject to the spiritual states and the spiritual states are subject to the spiritual states and the spiritual states are subject to the spiritual states and the spiritual states are subject to the spiritual states and the spiritual states are subject to the spiritual states and the spiritual states are subject to the spiritual states are spiritual states are subject to the spiritual sta

Insert Prior U.S.
Application (in (any) (Pilling Date) (Filling Date) (Status – patented, pending, abandoned)

(Filing Date)

(Application Number)

(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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I harchy deciare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the footwiceige that willful false statements and the files so made are punishable by fine or imprisonment, or both, under Section 100 of Trite 13 of the United States Code and that each willful false is estatements may lopparatize the validity of the COMPLETE FOLLOWING: application or any patent issued thereon. GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Kazuwa NAKAO Jan 13,200 ETHOR creater ort Date This CITIZENSHIP Residence (City, State & Country) Kvoto-Shi, Kvoto, Japan Japan MAILING ADDRESS (Complete Street Address including City, State & Country) nart Feet Office Address 4-1-2, Kitakutsukake-cho, Ohe; Nishikyo-ku; Kyoto-Shi, Kyoto; 610-1101; JAPAN GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* uii Name of Secon Inventor, ii anys 200 2007 Hidetomo KITAMURA Kitam Jan. 8th, 2009 Residence (City, State & Country) Gotenba-Shl, Shlzuoka, Japan CITIZENSHII Japan MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Chugai Selyaku Kabushiki Kaisha; 135, Komakado 1-chome; Gotenba-Shi, Shizuoka; 412-8513; JAPAN SIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE+ Full Name of Thi Inventor, if any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Full Name of Four Inventor, If any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* all Name of Fift orrenius, If any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Full Nume of Sixt Inventor, if any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country)

*DATE OF SIGNATURE